

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033237

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 80

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 10 1963

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Unionville</u>		c. CITY OR TOWN <u>Unionville - R.R.</u>	
Length of stay in 1b <u>9 wks.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Unionville - R.R.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>CHARLES WILLIAM SHIPLEY</u>		4. DATE OF DEATH <u>SEPT. 2 1963</u>	
First Middle Last		Month Day Year	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-25-81</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Putnam Co. Mo. U.S.A.</u>	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>PETER SHIPLEY</u>		13b. MOTHER'S MAIDEN NAME <u>CORA CASADY</u>	
14. NAME OF HUSBAND OR WIFE <u>MARtha</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Paul Shipley</u>		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <u>Stroke</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4-14-62</u> to <u>9-2-63</u> and last saw him alive on <u>9-1-63</u>		Death occurred at <u>6:40</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>L.W. McDonald D.O.</u>		22b. ADDRESS <u>Unionville, Mo.</u>	
22c. DATE SIGNED <u>9-2-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>SEPT. 4, 63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ROSE CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>Putnam Co. Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Murl E. Husted, Unionville</u>	
25. DATE REC'D. BY LOCAL REG. <u>9-4-63</u>		26. REGISTRAR'S SIGNATURE <u>Mervell Durbin</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATE OF TEXAS

0-20
-020

STATEMENT BY LICENSED EMBALMER

5-1

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: Samuel O. Leggett

Licensed Embalmer No. 3792

P. O. Address McLean 560

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.